# Reiter's Syndrome Versus Reactive Arthritis: Nazi-phobia or Professional Concerns?

Itzhak Rosner MD

Rheumatology Unit, Bnai Zion Medical Center and Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel

**Key words:** eponym, Reiter's syndrome, reactive arthritis, ethics

*IMAJ 2008;10:296–297*

When I ask the students on the rheumatology rotation in my unit why we no longer refer to reactive arthritis as Reiter's syndrome, I am usually answered "because Reiter was a Nazi." I guess I should be pleased that they know this fact – but I'm not. Somehow conjuring up the Nazi monster once again some 60 to 70 years after it wreaked havoc in the world seems tiresome to most people. So, I point out to the students that, sadly enough, there were millions of Nazis – many of them physicians. And while, in my opinion, all of the Nazis, especially physicians, deserve punishment, the case of Reiter is something else.

As Keynan and Rimar in their article in the present issue point out [1], Hans Reiter was president of Nazi Germany's Health Administration before and during the years of World War II. As such, serving as the highest scientific medical authority in the Reich, he monitored the more than 200,000 cases of politically motivated involuntary sterilizations and 170,000 instances of euthanasia perpetrated by that regime [2] and was personally involved in at least 60 overtly criminal "research projects" – with nearly universally fatal results for the participants [3].

It is to the shame of the medical profession that despite this, he received numerous awards between 1947 and his death in 1969, among them the Great Medal of Honor of the Red Cross [4], and gave the keynote address to the International Congress on Rheumatism in Rome in 1961.

The question of whether to refer to that aseptic arthritis that follows as a consequence of an infection elsewhere in the body, at times with associated inflammation in other organs, as Reiter's syndrome or reactive arthritis goes far beyond the general issue as to the advisability of the use of eponyms – still a debated issue [5,6].

Panush et al. [7] have argued eloquently that the issue is one of moral and ethical imperatives, since, as they write, "medicine is a moral enterprise." It is my contention, however, that for physicians present and future, the issue is a professional one.

The question of whether to derive pleasure or benefit from the works of evil people may be one of ethics; and the dispute as to whether one should sound the music written by Richard Wagner, a Nazi sympathizer, played on concentration camp loudspeakers as people were murdered there, may be a matter of social sensitivity. But this is not the issue at hand.

It is the essence of medical practice that it exists solely for the benefit and health of the patient; and if no such benefit is to be derived it should be withheld. P*rimum non nocerer* – first do no harm – is the fundamental principle taught to all physicians for centuries. Indeed, for millennia, physicians have instituted the Hippocratic Oath, or accepted the Maimonides Code, as part of the formal proceedings of becoming physicians. Indeed, codes of ethics – all addressing the primary importance of care to the benefit of patients – are nearly universal among medical societies. And, while we can not require that all physicians abide by its high standards, Jewish Law goes even further, *obligating* physicians to provide medical care for anyone suffering ill health [8].

Pre-Nazi Germany had in place the 1900 Berlin Code, which required informed consent of volunteers and banned research on children and incompetents, as well as the 1931 "Guidelines for New Therapy and Human Experimentation" that protected the dying and children from medical intervention not directly for their benefit. No other country had such advanced ethical regulations formally in place when Hans Reiter – exceptionally well trained and by then already a renowned physician – assumed the reins of the health administration of Nazi Germany [9]. Thus, his activities in his official capacity were contrary to the most basic norms and precepts of the medical profession, antithetical to the very meaning of being a physician – and, worse yet, performed in the name of 'good medicine'. Thus, when Reiter abused his medical status to advance an ideological and political program requiring physical harm to patients in the name of 'medicine', he was acting in the most unprofessional manner and thereby defamed the entire profession.

Still, though we may agree that Reiter did harm to medicine in his professional capacities, of what importance is it that we not refer to his eponym, it simply being a means to identify a medical condition?

It should be appreciated that, generally speaking, there is a

great deal more to a name than mere identification. All those who have agonized over what to name their children can attest to that. It is a general human trait that we invest names with a near mystical significance that transcends simple identification. Certainly, an important aspect of medicine is the naming function performed by physicians: i.e., when a patient presents to us with red subcutaneous nodules and we diagnose the condition as Erythema Nodosum (meaning red nodules), that name is not merely descriptive but imbued with added meanings. To acquiesce to the eponym Reiter's Syndrome is to remain callous and passive to the perversion of our profession.

Keynan and Rimar in their present article actually provide encouraging data showing how much has already been achieved in a relatively short time on this issue. Still, more is to be done. The problem of rewarding Reiter with eponymous distinction by the medical profession was first raised outside of Israel [10]. Yet, certainly it is a reasonable expectation that in Israel, where so many still suffer from Reiter's malpractice, we should achieve near total eradication of this eponym. If we take example from the achievement of the Israeli Society of Rheumatology in this matter thus far, possibly with the intercession of the Israel Medical Association, then the local health care providers and faculties of medicine can be approached to complete the task. Further, we propose that our representatives in international medical forums act in this regard so as to universalize this professional issue.

In the Jewish tradition the worst curse one can impose on an individual is to have their name erased and expunged from memory – and so should be done with Hans Reiter. Amen.

## References


1. Keynan Y, Rimar D. Reactive Arthritis – the appropriate name. *IMAJ* 2008;10:256–8.
2. Wallace DJ, Weisman MH. The physician Hans Reiter as prisoner of war in Nuremberg: a contextual review of his interrogations (1945-47). *Semin Arthritis Rheum* 2003;32:208–30.
3. Annas GJ, Grodin MA. The Nazi doctor and the Nuremberg Code: human rights in human experimentation. New York: Oxford University Press, 1992.
4. Panush RS, Wallace DJ, Dorff EN, Engleman EP. Retraction of the suggestion to use the term "Reiter's syndrome" sixty-five years later: the legacy of Reiter, a war criminal, should not be eponymic honor but rather condemnation. *Arthritis Rheum* 2007;56: 693–4.
5. Woywodt A, Matteson E. Should eponyms be abandoned? Yes. *BMJ* 2007;335:424
6. Whitworth JA. Should eponyms be abandoned? No. *BMJ* 2007;335: 425.
7. Panush RS, Paraschiv D, Dorff EN. The tainted legacy of Hans Reiter. *Semin Arthritis Rheum* 2003;32:231–6.
8. Shulkhan Arukh. Yoreh De'ah 336:1
9. Baumslag N. Ethics ignored: premeditated murder under the guise of public health. Medicine & Droit. XVIth World Congress on Medical Law. 2006 (Supplement 1: The Holocaust, Medicine and Bioethics):66–8.
10. Wallace DJ, Weisman M. Should a war criminal be rewarded with eponymous distinction? The double life of Hans Reiter (1881-1969). *J Clin Rheumatol* 2000;6:49–54.



**Correspondence:** Dr. I. Rosner, Director, Rheumatology Unit, Bnai Zion Medical Center, P.O. Box 4940, Haifa 31048, Israel.
Phone: (972-4) 835-9685
Fax: (972-4) 837-2898
email: rosneri@tx.technion.ac.il